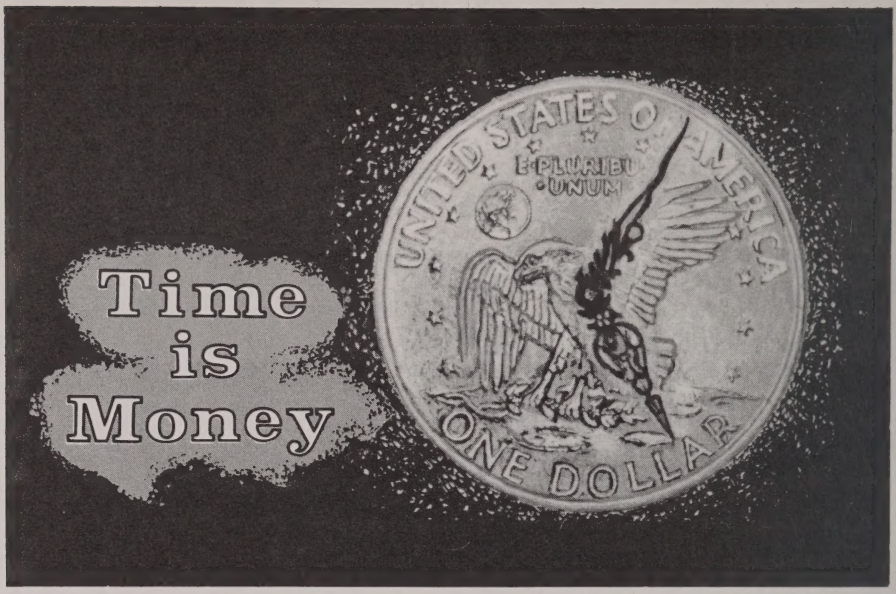
The Hampden Hippocrat

November 1980

Thanksgiving At Old Sturbridge Village



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DISTRICT MEETING of the HAMDEN DISTRICT MEDICAL SOCIETY

DATE: Tuesday, November 25, 1980

PLACE: Storrowton Tavern, Stagecoach Barn
West Springfield, Massachusetts

BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M.
MEMBERS: Courtesy HDMS
Spouses invited---Please mail check for $10.00.

SPEAKER: Mr. Richard Garvey
Editor, Springfield Daily News

TOPIC: "For A Healthy Springfield"

If you must cancel your dinner reservations, call the office before noon of November 25th

IF CANCELLATIONS ARE NOT MADE YOU WILL BE BILLED FOR YOUR DINNER.

Smoking in designated areas only at dinner.

Tear off and please return your reservation:

I shall attend the meeting on Tuesday, November 25, 1980 _____

I shall not attend the meeting on Tuesday, November 25, 1980 _____

PLEASE PRINT NAME: _____
Enclosed is a check for
$10.00 for my spouse _____

THE HAMPDEN HIPPOCRAT
·1942·

NOVEMBER 1980 VOL.XXXVI-NO.9

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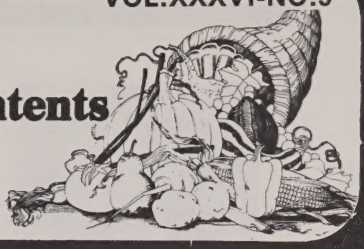

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
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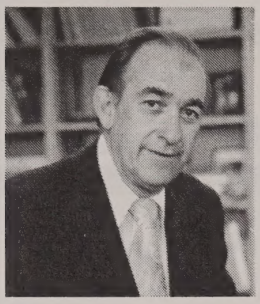

J.J. SIRAGUSA, JR., M.D.
President

PRESIDENT'S PAGE

MEDICAID???

Back in 1965 the consumer advocates managed to effect the necessary legislation to create Medicaid despite the screaming objections of the American Medical Association. At that time I was one of the starry-eyed physicians who thought that this legislation made pretty good sense. Those of you who are old enough will recall that prior to Medicaid no one went without health care because of lack of finances. All of the needy were cared for by private physicians at very small recompense but this care was provided mostly through clinics and hospital care was provided through the old "clinic service". The needy were taken care of adequately but I think that all of us that were involved in their care at that time would agree that the manner in which the care was provided was not in keeping with our own concepts of optimal quality care.

The government legislation was based on three premises, the first being that there was room for improvement in the quality and method of provision of care to the needy. Their second premise was that the public should, in good conscious, be willing to have such care paid for out of taxation revenues. It was specifically stated that the physicians should not be expected to provide care without reimbursment. And the third, and certainly not the least, premise was that if the government was going to pay the bill that they should have their share of input into quality and cost control.

As you all know, it hasn't worked out exactly as it was planned. The government has certainly not fallen back on their commitment to exercise their share of control. Fullfillment of the initial premise, namely improvement in the method of delivery of care, has certainly taken place. Somehow or other, the second premise, namely that of appropriate reimbursement to physicians, got lost in the shuffle. The government has arbitrarily taken it upon themselves to decide that they need not reimburse us appropriately for the care that we are providing. This, therefore, makes it grossly inappropriate that they have the right to engross us in all pervasive intervention.

How can we as a county society impact on the solution to these problems? The first thing that we have to do is our homework. In order to address an issue effectively we have to begin by knowing what we're talking about. Our Tax Supported Medical Care Committee, under the able leadership of Ray Anton, intends to do just that. Once

they have provided us with the knowledge and ammunition that is neccessary we then intend to approach this on a State level on the premise that the discrepancies in reimbursement procedures and some of the excesses of intervention originate in the State of Massachusetts. I believe that our initial thrust should be in the direction of encouraging the state medical society to force open public communications between the State and providers of medical care. It is bad enough that we are essentially being forced to provide care at much less than cost but it is even worse that the state has managed to convince the public that providers are getting rich on Medicaid.

Be assured that neither I nor our Tax Supported Medical Care Committee have any firm commitments as to the best approaches to be taken. We therefore encourage input from our membership. To have input into our efforts requires that you read the Hampden Hippocrat and read any information that comes forth from the society office and that you attend our district business meetings where these matters will be discussed in open forum. If you have any comments, suggestions, or criticisms we encourage you to send them in writing to either Ray Anton or me and address your comments to the medical society office. Mrs Purdy sees to it that none of these communications get lost in the shuffle.

You can expect us to act. We expect you to help us. □

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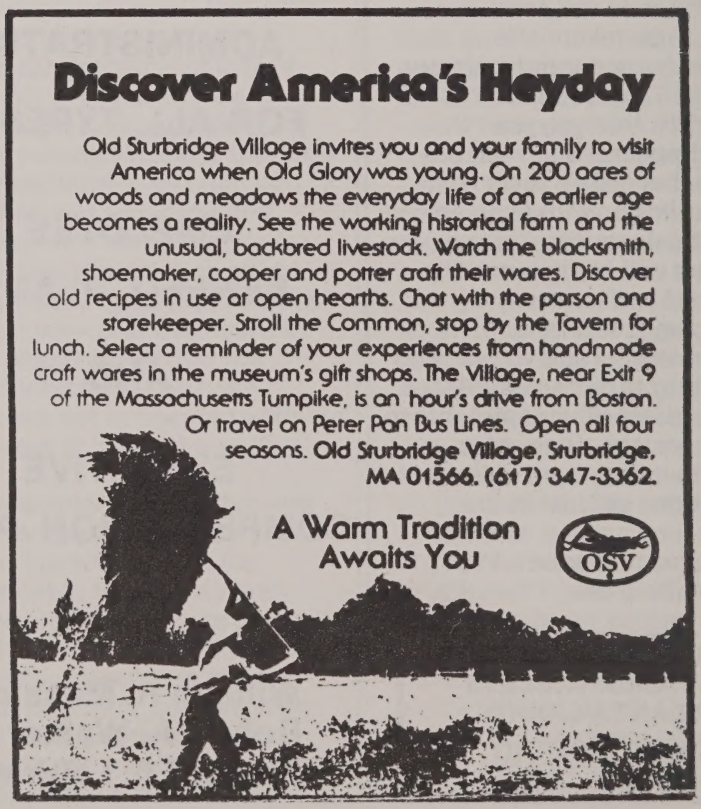
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To Roast A Turkey

"Make a force-meat of grated bread-crumbs, minced suet, sweet marjoram, grated lemon-peel, nutmet, pepper, salt, and beaten yolk of egg. You may add some grated cold ham. Light some writing paper, and singe the hairs from the skin of the turkey. Reserve the neck, liver, and gizzard for the gravy. Stuff the craw of the turkey with the force-meat, of which there should be enough made to form into balls for frying, laying them round the turkey when it is dished. Dredge it with flour, and roast it before a clear brisk fire, basting it with cold lard. Towards the last, set the turkey nearer to the fire, dredge it again very lightly with flour, and baste it with butter. It will require, according to its size, from two to three hours roasting.

"Make the gravy of the giblets cut in pieces, seasoned, and stewed for two hours in a very little water; thicken it with a spoonful of browned flour, and stir into it the gravy from the dripping-pan, having first skimmed off the fat.

"A turkey should be accompanied by ham or tongue. Serve up with it mushroom-sauce. Have stewed cranberries on the table to eat with it.

"Turkeys are sometimes stuffed entirely with sausage-meat. Small cakes of this meat should then be fried, and laid round it." □

Miss Leslie, **Directions for Cookery, In Its Various Branches** (1837).

Highlights Of The September Executive Meeting September 16, 1980

Meeting called to order at 7:40 P.M. by President Siragusa.

Minutes of the June meeting approved.

CORRESPONDENCE

Attention brought to the fact that BC-BS have no provision to compensate for the physician's time when requesting medical information from non group applicants. Letter to be written of inquiry.

Dr. Keroack gave details on a planning meeting to establish better emergency medical treatments in this area. He asked for a representative. Dr. Dress asked to serve. He has accepted.

A thank you from Dr. Stoddard for flowers and cards received when he was ill.

A thank you from Mrs. Callahan on the recent death of Dr. Callahan was read.

Attention brought to committee re: public notice in newspapers by a local physician that he has rescinded his Blue Shield participation. Investigation started on this problem.

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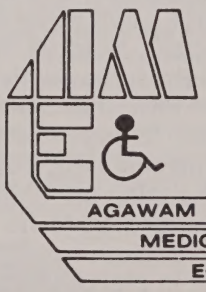

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An ad in a local newspaper by a physician was discussed. Investigation started on this misrepresentation.

Dr. Siragusa took up the old business as listed in the minutes of the June Executive Committee meeting.

1. The merger of the Academy and the medical society.
2. The letter concerning CIM. Dr. Hough is continuing to monitor the situation.
3. Chairman needed for the BiCentennial celebration of the Massachusetts Medical Society.
4. HMO's being studied by the Insurance, Labor Relations and Industrial Accident Committee.

NEW BUSINESS

Two physicians dues cancelled due to illness.

Dr. Walter Tauber appointed as Councilor to replace Dr. Francis Riley who has moved. Approved by committee.

Report given on the teenage pregnancy program held recently. Mrs. Condon reported on films available through state society.

Dr. Ryan appointed as Assistant Secretary and approved by the committee.

Dr. Alifano sent a letter about the Medicaid problem. Referred to the Tax Supported Medical Care Committee.

Dr. Siragusa asked the Executive Committee appointees to various committees to talk with the chairmen and ask them to hold meetings.

Dr. Siragusa plans to cancel alternate Executive meetings when district meetings are not being held. □

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DISTRICT MEETING
September 30, 1980

The first meeting of the District for 1980-1981 was held on Tuesday, September 30, 1980 at the Rodeway Inn.

President Siragusa called the meeting to order at 6:25 P.M.

The minutes of the Annual Meeting of the District were read by Dr. Walthall, Secretary and approved as read by the membership.

There were 68 attendees, 49 physicians, 15 spouses and 4 guests.

Dr. Alport was present and Dr. Siragusa recognized him for being in medicine for 50 years. Dr. Olive Cooper also was recognized for 60 years in medicine.

The minutes of the September Executive Committee meeting were read as informational.

Dr. Remsberg, Treasurer gave a report. There are 26 members who have not paid their 1980 dues. He made a plea for payment and also asked that members help to bring new members into the Hampden District.

COMMITTEE REPORTS

Dr. Siragusa asked for reports from the committees to inform members of the activities of the society.

MEDIATION: This committee chaired by Dr. Epstein is a very active committee, meeting monthly to consider complaints against physicians, or physician complaints against physicians. This committee is presently working on a resolution to bring to the next District meeting concerning fees.

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PUBLICATION: Dr. Pacosa, Chairman gave the goals of the Hampden Hippocrat stressing more literary input from the society and the financial needs. The October issue is dedicated to the Auxiliary and features President Mrs. Leandre Giguere on the cover.

PUBLIC RELATIONS: Dr. Bloom has nothing special to report. A meeting is being planned of the committee.

LEGISLATIVE: Chairman, Dr. Brendler reported that the bills in Boston are culled. Hampden plans a pyramid system with members contacting members about bills.

AUXILIARY: Dr. Pacosa recognized Mrs. Giguere for her excellent job as President of the Auxiliary.

INSURANCE, LABOR RELATIONS & INDUSTRIAL ACCIDENT: Dr. Belcastro, as Chairman, is studying with his committee members HMO's, IPA's, etc., including the local HealthGuard program. More information will be sent to all members after the committee meets again and further study is made.

MALPRACTICE & MEDICO LEGAL AFFAIRS: This committee has had one meeting without the attorney representatives. Further meetings are planned by Dr. John Park, Chairman.

PUBLIC HEALTH: Monthly noon meetings are being held by this committee. Dr. Stagg, Chairman has been very active in health planning and school health programs.

BY-LAWS: Dr. James Allan indicated that no work can be accomplished on revision of the By-Laws locally until the Massachusetts Medical Soceity has finished printing their new ones relating to the changes in Membership into the Society.

MEMBERS' INSURANCE: Dr. Lorne Smith, Chairman of the state committee on members' insurance is also chairman in Hampden. Many long hours of work have been put into trying to find a private insurance company as carriers for physician's insurance. Dr. Hough spoke highly of the work being done by Dr. Smith who was not present at the time of this report when given. The Council of the Massachuetts Medical Society at their meeting in October will study this.

EXECUTIVE COUNCILOR: Dr. Hough requested suggestions for transmitting state business to Hampden District Medical Society members.

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MEDICO RELIGIOUS: Increase interest in the role of the physician and religion to medicine was expressed by Dr. Fitzpatrick. No meetings as yet have been held. On the merger of the Springfield Academy of Medicine with the Hampden District Medical Society Dr. Fitzpatrick said that by-laws have been worked out by the law firm of Warner & Stackpole.

DISABLED PHYSICIANS: Dr. Leavitt, Chairman was not present to report. However he meets with the state committee and most work on this committee is done at state level.

AREA HEALTH PLANNING: In the absence of Dr. Sellei, Chairman, Dr. Siragusa expressed the need to get involved with the Health Planning professionals running the HSA's. Dr. Sellei has planned a meeting for late October and reports will be given the membership at the November meeting.

NUTRITION: Dr. Willcutts, Chairman attends the state committee meetings faithfully. Extensive study is going on concerning nutrition at all levels.

MEMBERSHIP: This committee under the direction of Dr. Metz is hard at work obtaining new members. If you have any complaints against the Hampden District Medical Society give them to either Dr. Siragusa or Dr. Metz.

TAX SUPPORTED MEDICAL CARE: Dr. R. Anton was ill and unable to attend the meeting but Dr. Siragusa reported that his committee will be activated and meeting soon.

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There was no new business and the hour was getting late so the business meeting was adjourned at 7:30 P.M.

A social hour followed and dinner was served.

Mrs. Giguere spoke briefly introducing chairpersons of committees of the Auxiliary.

Senator Louis A Bertonazzi was the guest speaker. his topic was ''Allowing Medical Questions to Become Political Questions.'' The Senator discussed the interrelationship of medicine and politics from entrance of medicine upon the scene regarding the state of Massachusetts. A review of interrelated political and medical matters has been studied during the past ten years. Senator Bertonazzi referred to the Mock Disaster Day sponsored by the Massachusetts Medical Society several years ago, referred to the medical malpractice upheaval and the ''laetrile drug controversy'' and the relationship of these to the legislature and the medical society, making closer and better able to understand each other. The Senator said ''Take a brief look at the two leading political parties in Massachusetts --- they need a leader to coordinate groups in the parties.'' Senator Bertonazzi is an excellent speaker and gave time to questions from the audience.

The meetng was adjourned at 10:00 P.M. □

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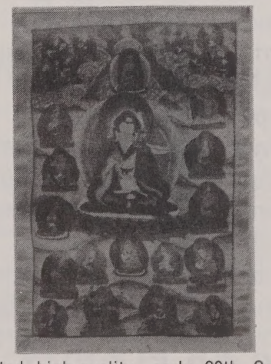

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of the country.

Medicine in developing countries is geared on achieving the optimal use of medical manpower and resources to obtain maximal health benefit, for the greatest number. In Ethiopia, children comprise about 50% of the population, and the infant mortality is at least 3-4 times that of the U.S.A. Health care should be viewed in the context of widespread malnutrition and infectious diseases; both potentially preventable. Maternal and child health planning is aimed at assessing the minimal health care needs to decrease perinatal and infant mortality. Immunization programs, health education in basic hygiene and nutrition and family planning are some of the most important preventitive measures which can be taken. There are insurmountable economic problems in the distribution of constrained financial resources, and lack of sufficient trained personnel, coupled with cultural influences and the geographical inaccessibility.

My experience comes from four years spent in the main university referral center in Addis Abab. There we attempted to form a nidus for the further expansion of child care. Preventative medicine and health education formed an important component of the program, as did the training of paramedical personnel. Travelling immunization teams went out into the community. Although prevention was

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If you feel Physical Therapy may help you, check with your Physician. Most health care insurances cover Physical Therapy services.

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forefront in our minds, most of the work was acute medial care.

The majority of patients were treated on an ambulatory basis with an average of 120,000 outpatient visits per annum. There has been considerable expansion over the past ten years since the establishment of the department. Most of the patients came from the immediate Addis Ababa region, but an increasing number were arriving from much further afield, some journeying for more than a week by foot, donkey, and bus to arrive at the hospital. Patients were screened by Pediatric Nurse Practitioners who were capable of managing many of the common pediatric problems. The Nurses also ran Nutritional Rehabilitation clinics for patients with severe protein energy malnutrition. At these sessions, the actual preparation of food was taught using utensils and foods readily available to the majority of people. Attached to the Emergency Room there was a Rehydration Room. The main purpose of this room was the acute rehydration of gastroenteritis. More often than not, this became an extended ward for critically sick children

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for whom there were no hospital beds available.

The in-patient service has an average of 100 beds and a Neonatal Unit. Widespread protein energy malnutriton made the common childhood disease of measles, pneumonia and gastroenteritis major causes of mortality. Tuberculosis still was the most frequent bacterial infectious disease. There were approximately 100 cases of bacterial meningitis per annum. Tetanus neonatorum and tetanus were common.

One of the tragedies about urbanization in developing countries is the increasing number of bottle-fed babies. Low family income, poor hygienic conditions, frequently with no running water and no sewage system, provide a fertile field for the development of recurrent gastroentertis and the subsequent development of marasmus and depressed immunity to infection. The emancipation of women and their employment in factories has also fostered bottle feeding. Fortunately, in an extended family setting, there are always people at home to help with care of the children.

Overcoming cultural banners and reluctance to come early to local clinics and hospitals is a problem. Many families first

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attempted local cure remedies before coming to the hospital. A common practice among women is to feed their newborn baby fresh butter either by mouth or nose. This, in fact, may promote the rapid excretion of meconium and increase gut motility. However, severe lipoid pneumonitis is a frequent complication. A widespread local cure for vomiting and frequent sore throats is removal of the uvula. Although this procedure may pass uneventfully, the children may hemmorrhage or become infected, sometimes developing tetanus. The original complaint has of course not been dealt with either. Female circumcision is still widely practiced. Local herbs and brews are often used, many harmless to adults, but disastrous in the pediatric age group. Local "witch" doctors are still common, even in the capital, Addis Ababa. On a number of occasions, we witnessed the sad consequence of poor manipulation of a supracondylas elbow fracture and the resultant Volkman's contracture.

In order to combat ignorance and fear, it is important to aim at reaching out to the population and teaching basic health principles. Recently, there have been discussions concerning the use of paramedical staff and the institution of "barefoot" doctors -- an idealogy widely practiced in China. The traditional medical training has been modified in order to make maximum utilization of the training, period and the acquisitions of fairly advanced skills in clinical diagnosis, surgical and obstetrical techniques. Young medical graduates after completing a one-year rotating internship, are sent to the rural areas to run the local hospital where they are expected to be able to deal with most major medical and surgical emergencies, like caesarean sections, repair of ruptured uterus, bowel resections, reduction of compound fractures.

Working in an environment like this may not appeal to all. I found it tremendously stimulating from a practical pediatric viewpoint. The challenge of pediatrics in developing countries is the prevention of malnutrition and infectious diseases and the spread of basic maternal and child health welfare. The practice is often curtailed due to lack of financial resources, but the objective remains for anyone to endeavor. □

CARMELLA GREEN-ABATE, M.D.

MESSAGE FROM: The Auxiliary President

October 27, 1980

Dear Friends:

We would like to thank you for the support which you have given to help our youth in health careers. Because of your donations to the Auxiliary to the Hampden District Medical Society was able to give eight $500 scholarships. The recipients are listed in the October issue of the Hampden Hippocrat.

The future of our Health Career Scholarship Fund depends on you. So, please don't disappoint us. Tear off the bottom of this sheet and enclose a check payable to: Health Careers Scholarship Fund.

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Martha W. Giguere
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Legislative Committee of the Auxiliary

The more you get involved the more you learn. When you're not involved it is so easy to say "No way things can ever change," but when you get involved you can make them change, expresses the general feeling of the members of your Legislative Committee.

At its organizational meeting the Legislative Committee set the following goals as guidelines for this year's committee:

1. To know and work with the Hampden District Medical Society Legislative Committee.
2. To have a voice in local and state health care legislation.
3. To participate in training seminars on the legislative process.
4. To improve health care with medical practice by impacting legislation.
5. To inform auxiliary membership of important legislative matters concerning the medical care fields and to motivate them to act when needed. □

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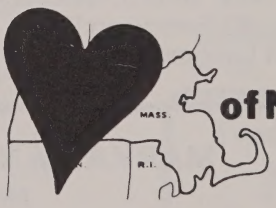
In The Hart  **of New England**

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YOU NEED TO KNOW

Three new issues impacting on physicians' practices in the 1980s will be examined at the 1980 AMA Medical Services Conference, scheduled for December 6, 1980 in San Francisco. Sponsored by AMA's Council on Medical Service, the Conference will for the first time be cosponsored by the Organization of State Medical Association Presidents (OSMAP) and will focus in turn on physician responses to the growth of HMOs, on the increased use of cost-effectiveness criteria in decisions about new medical technology, and on the impacts on the profession of implementing new appropriateness review and certificate of need provisions of the National Health Planning Law - as well as the prospects for deregulation of the health care industry.

The first Conference session will discuss the influences which are leading local medical societies and other physician groups into exploring the pros and cons of the HMO concept and the establishment of Individual Practice Association (IPAs).

After welcoming remarks by David Carlton, M.D., Lecompte, Louisiana, President of OSMAP, and a brief overview of the status of HMO development, a series of panelists will address the important questions and problems involved in exploring, establishing and operating an IPA, from the perspective of a newly formed IPA, one in successful operation for several years, one in the preoperational stages, and one that started and failed. Panelists will include William Mangum, M.D., former President of the Weld County, Colorado IPA (which was affiliated with Choice Care), Lee R. Shelton, M.D., Medical Director of Health First in Atlanta, Georgia, Richard K. Simmons, M.D., Medical Director of Physicians Health Plan in Minneapolis, and Fred White, M.D., board member of ComProCare, in Peoria, Illinois; the Moderator will be Mr. Edward J. Petras, Consultant, Towers, Perrin, Forster and Crosby in Minneapolis.

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A second Conference session will review the increasing pressures from government and other sectors toward using cost benefit criteria in decisions about paying for new medical technology or services, rather than relying only on safety, efficacy and acceptance by the medical community. One presentation will discuss the increasing national debate over the source (Public vs private sector) and level (national vs local) of decisions about paying for new medical technology and services, and over the use of cost-benefit criteria in making such decisions, and will review the extent of activity now underway in this area. The applicability and shortcomings of cost-benefit criteria in programs such as PSRO, health planning, and Medicare reimbursement will be examined by another speaker.

The afternoon session of the Conference, concerned with health planning, will include a discussion of the merits of competition versus regulation in improving allocation of health resources, involving Henry Foley, Ph. D., Administrator of the Health Resources Administration, U.S. Department of HHS, and Clark C. Havighurst, Ph. D., Professor of Law at Duke University. This session will also focus on the regulatory "teeth" of the Health Planning Law -- Appropriateness Review and Certificate of Need -- and on how these programs will directly affect hospitals and other health care resources around which much of the physician's practice revolves. Panelists will discuss the problem of physician "burn-out" in attempting to influence implementation of these planning programs, and identify methods for exerting such influence other than through the traditional participation of health systems agency boards. Speakers will include Lonnie R. Bristow, M.D., San Pablo, California, Chairman of the Council's Ad Hoc Committee on Health Planning, and Committee members John Coughlin, M.D., San Angelo, Texas, Roy Deffebach, M.D., Redwood City, California and John E. Tyrell, M.D., Manchester, Iowa.

The Conference, to be held from 9:00 a.m. to 4:30 p.m., December 6, at the San Francisco Hilton, is open to physicians, medical society staff and others with interest and concern in these areas; no pre-registration is required. According to John Glasson, M.D., Chairman of the Council on Medical Service,the topics discussed will be of special pertinence to the state medical association delegates and other medical leaders attending AMA's 1980 Interim Session, which begins on the following day.

The Conference meets the criteria for 6 credit hours in Category I of the AMA Physician's Recognition Award. □

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Containing The Cost Of Health Care

In the year ending March of 1979, expenditures for health (including health insurance, supplies, constructiona nd research) totaled $198 billion or 9 percent of the Gross national Product (HEW figures). Physicians directly affected at least $130 billion of that sum through hands-on care as well as prescribed tests, drugs, and hospitalizations.

There is little that can be done to cut the $500,000 to $750,000 price of a computed tomography scanner, or the $400,000 price of a radiation unit for cobalt treatments, or the wages of the hospital personnel who handle them. There is little that can be done to keep many of today's fixed expenses from getting bigger in the inflation of the 1980s.

But there are things that should be done, can be done, and are being done. Numerous hospitals, with physician support, have boosted their productivity while holding the proper line on hiring of personnel, examination of patients, length of patient stays, and so forth. ''Proper line'' means doing what can be done without cutting the quality and needed availability of care.

These cost-effective measures have been stimulated by a largely private initiative called the Voluntary Effort to Contain Health Care Costs - a coalition that includes the AMA, the two main hospital associations, health insureres, industry, labor, local government, and consumers. In 1978 and 1979 the Voluntary Effort was instrumental in saving consumers about $3 billion, and in convincing the U.S. House of Representatives that the voluntary way was the ''way to go,'' as opposed to the White House proposal for rigid cost controls that could have reduced the level of hospital care. Also in 1978-79, in response to a plea from the then-president of the AMA, physicians kept their fee increases below the all-items component of the Consumer Price Index, despite steady erosion of their purchasing power. Right now the rate of fee increase is more than 3 points below...and the AMA is committed to keeping it low.

There are additional highways the health-care industry can take toward containment of costs - highways with a much clearer view of the road ahead than federal controls could allow. One route is insurable home care, when appropriate, as an alternative to relatively expensive institutional care. This has been advocated by the AMA as a formal policy.

Another route is for health insureres to offer consumers a greater marketplace choice in the patterns and costs of benefits. This was one of 48 recommendations made in 1977 by the AMA-sponsored National Commission on the Cost of Medical Care - a free standing body that included representatives from federal and state government, academia, and research as well as from industry, labor health care, and insurance.

Still another highway is a long-term cost-containment program entailing changes in the ways hospitals, physicians, patients, and insurers behave and interact. The AMA is helping draw parameters for just such a program, in line with Cost Commission recommendations.

A working advantage of such

voluntary approaches is that they are natural to the special character of health - care natural to its sensitivity, its interdependency, its complexity.

The 80s could well be decisive for the way in which health care is to be delivered in this country. We must have a strong and decisive voice indetermining the direction of health care in the U.S. The AMA is that voice and your advocate. In order to continue our vital programs and activities and address the problems of our profession, we need your support.If you are not already one of the 221,000 physician or medical student members of the AMA, join us now!

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M.M.S. COUNCIL MEETING
October 8, 1980

The fall meeting of the M.M.S. Council was held in Hyannis this year. Despite the distance, 50% of the Hampden councillors attended. There was at least one car pool, which showed the social responsibility of these delegates.

Plaques of commendation were presented to Dr. Richard Gibbs for his work to assuage the crisis in professional liability insurance and to Dr. John Figgis Jewett for his 30 years of service through the Committee on Maternal Welfare.

The $11,600,000 budget of the New England Journal was approved. A supplemental MMS budget for 1980 of $32,600 and a 1981 budget of $1,600,000 were approved after considerable discussion of several line items. Dues will remain the same for 1981.

Support of universal physician training in cardiopulmonary resuscitation was voted. Many councillors were concerned that a demand for uniform certification (italics) might prove inappropriate. A hamdpen proposal to assure training (italics) in basic life support was approved. Voluntary proficiency testing for physicians' office laboratories was endorsed.

The Committee on Medical Practice submitted a resolution regarding the participation of physicians in legal executions. Differences of opinion were heard as to the urgency and significance of an official M.M.S. statement on this subject. There are some strong differences of opinion among the councillors as to what this statement should be. The matter was referred back to the Committee. I would

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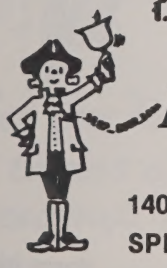
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personally like to see Hampden support a private suggestion of Dr. Howard Harrison that "physicians should not be required in their official duties to participate in legal executions." Members concerned with the ethics of this problem are urged to communicate with their councillors.

Dr. Lorne Smith once again outlined in detail the continuing effort and frustration in trying to replace Blue Cross-Blue Shield as the approved health insurance plan for the Society. Although there is still a small thread of hope, it appears that physicians as a group are a bad health insurance risk and that commercial carriers cannot meet the Blue Cross-Blue Shield discount. Dr. Smith suggested that his report sounded like a bad soap opera. Rarely has any member worked so long and so hard for the Society and endured such futility. The Council voted approval of the CNA proposal should it appear in satisfactory form in the near future.

Dr. Frederick Duncan of Barnstable introduced a resolution supporting "deemed status" for JCAH inspections. It is hoped that this will assist in reducing the number of hospital inspections. The resolution was passed.

The current $3.00 application fee was raised to $10.00 for regular members and eliminated for student membership.

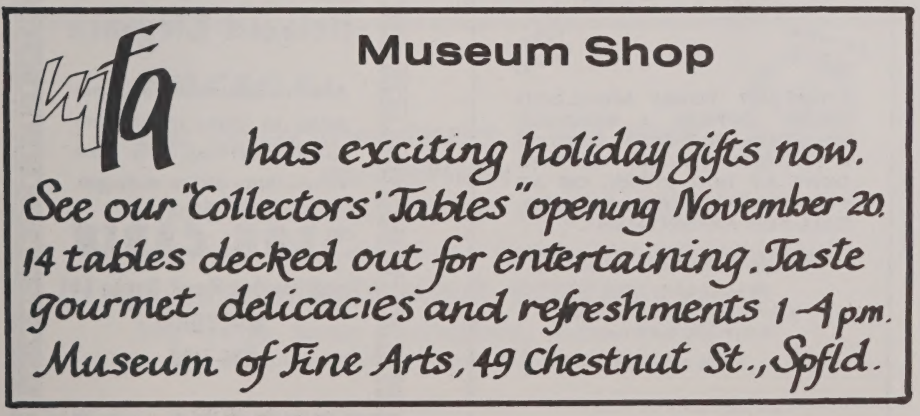
The Inter-Specialty Committee resolutions were approved. The first supports the proposed legislative amendments to state hospital licensure regarding pediatric services and emergency services. Some councillors objected to blanket acceptance of legal documents without

more adequate review, but it was felt that the physicians' committees that had developed these revisions contained the necessary expertise and diversity to demand respect and support. Some amendments were suggested but withdrawn when it was recognized that these might jeopardize the entire document. The second resolution requested study of the federally-funded "senior plan" of the Fallon Community Hospital in Worcester. This Blue Cross-Blue Shield supported program offers total care through an HMO with about 2% out-of-pocket contribution from the patient. On first glance, it appears to be a giant step toward socialized medicine and deserves special interest of physicians in our district.

Dr. Frank Bixby conducted the business of the meeting in a new format. Instead of presenting resolutions to the floor in the form originally submitted, the recommendation of the Executive Board was introduced for Council action. This seemingly minor parliamentary procedure works to augment the power of the Executive Board. In past years Council debate has tended to repeat the discussion already held by the Executive Board. This change would appear to restructure the nature of Council deliberation. The change was announced by Dr. Bixby without warning and caused some confusion during the day. The Council requested the president to appoint an ad hoc committee to review the procedural rules to eliminate internal conflicts and consider legitimizing this new technique.

The meeting adjourned in plenty of time for a pleasant return trip. □

GARRY deN HOUGH, III, M.D.
Executive Councilor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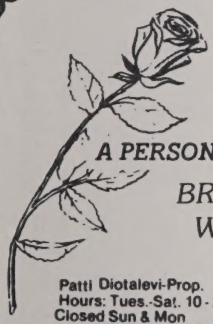

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